Yes No No	child because vduct.	nsactions, or liabilities of a spouse or dependent child with the Committee on Standards of Official Conduct	l" income, tran	EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
ves No	trusts" need n	ds of Official Conduct and certain other "excepted spouse, or dependent child?	e on Standard ng you, your s	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
EACH OF THESE QUESTIONS)F THESE	- ANSWER	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
on in this part must be answered and the chedule attached for each "Yes" response.	must be ar	Each quest appropriate s	No No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
Yes No	arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
Yes No	or before the da	VIII. Did you hold any reportable positions on or before the date of filling in the current calendar year? If yes, complete and attach Schedule VIII.	S _e	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
Yes No	1 receive any n the reporting)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	№	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
Yes No	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	S S	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes If yes, complete and attach Schedule I.
		SE QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty s against anyone than 30 days late	or Employing Office: ee Termination Termination	Officer or Employee	Filer Member of the U.S. State: Mouse of Representatives District: 2 Report Type Manual (May 17, 2010) Amendment
HAND MC	2	Daytime Telephone: (202) 225-221	Daytime	Name: John Paul Kline, JR.
LEGISLATIVE RESOURCE CENTER 2010 HAY 17 PM 2: 51	2	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

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SCHEDULE I - EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

							SP-US (Invernment (DEAS)	Ontario County Board of Education		State of Maryland		Source	Exercise: military bay (sources interest and bay), records continue programs, and continue records a major are commissioned by
						_	Military Retirement	Spouse Salary	Spouse Speech	Legislative Pension	Approved Teaching Fee	Туре	
							+ 1/4	NA	\$1,000	\$9,000	\$6,000	Amount	July 1 10th

For payments to charity in lieu of honoraria, use Schedule II.

SP Growth Fund of America	IT Standard & Paors 500	of Third Ave. Value	or Franklin Value	It Dadge + Cax Internation	IT LPL Insund Oash Accoun		Examples:	SP, Sp Mega Corp. Stock	provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	
						×	Indefinite		None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$5,000,001 - \$25,000,000 \$5,000,001 - \$50,000,000 \$5,000,000 - \$50,000,000 \$50	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
X	>	X	*	×	**	* X X X	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
	×					X	X	X	None	Amount of Income Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
								S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	ئے	Z) M	Ŋ	m	å	=	ର୍ଚ	♀	훎								Γ	Nam	< \	\approx	John Kline	7	*	13	3	(0		1				Pag	Page_	1	000	1 h,
Asset and/or Income Source			İ	<u>≨</u>	BLOCK B Year-End Value of Asset	BLOCK B	≥ □ ⊵	Se d	<i>-</i>				, I			으 . 교	BLOCK C Type of Income	ğ ě ਨ	e	ļ				, <u>,</u>	j j	<u> </u>	# # # 	BLOCK D Amount of Income	ng D	9	Ō			ran _B	BLOCK E Insacti	BLOCK E	
SP,	None ➤	\$1 – \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000 U	\$50,001 — \$100,000 III	\$100,001 - \$250,000 TI	\$250,001 - \$500,000 D	\$500,001 - \$1,000,000 <u></u>	\$1,000,001 - \$5,000,000 -	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000 <u> </u>	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Town of France	Other Type of Income	(Specify)		None -	\$1 - \$200 ==	\$201 - \$1,000 ==	\$1,001 - \$2,500	\$2,501 - \$5,000 <	\$5,001 - \$15,000	\$15,001 - \$50,000 \leq	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000 × Over \$5,000,000 ×	Over \$5,000,000 🔀		m o∵o		
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SCHEDULE IV- TRANSACTIONS

Name John Kline

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SP, DC, JT SP

Example:

Asset

Mega Coporation Common Stock (partial sale)

tacksonNational Annuity (B)

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8/27/09

 $\times \times$

10-12-09

resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
PURCHASE	Type of Transaction
SALE	Type ansa
EXCHANGE	ction
Check Box if Capital Gain Exceeded \$200	:
(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Date
\$1,001- \$15,000 m	
\$15,001- \$50,000	
\$50,001- \$100,000	Amo
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor

a spouse or dependent child that is totally independent of his or her relationship to you. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to or were paid by you and reimbursed by the sponsor.

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
	Mar. 2	DC—Chicago—DC	N	z	Z	None
Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Υ	Υ	Υ	2 Days
The Heritage Foundation	12.12.93	Feb. 5-7, alog DC-Baltimore, HD	Y	Y	Z	None
	110,000					
		THE TAX OF				